

## Instructions for Completing Form

Please use a blue or black ballpoint pen and press hard to complete both copies.

### ABOUT THE CHAPTER

1. LISTING OF MEMBERS – Please attach a typed or computer-generated list of member names in alphabetical order by last name. Also indicate each member's grade number (i.e. Senior = 12, Junior = 11), male or female, and select either comprehensive or occupational. If left blank or incorrect, student will be designated as comprehensive.
2. CHAPTER DATA – Indicate your chapter identification number and Missouri FCCLA region. If you do not know your chapter identification number or region, contact the state office at 573/751-7964. New chapters will be assigned an identification number when the affiliation is received and processed by the state office. Complete the chapter name, school name, address, city, state, zip code and zip code extension, telephone number and fax number on the appropriate lines.
3. CO-CURRICULAR – Indicate if your chapter is co-curricular (A program that integrates FCCLA chapter activities into the family and consumer sciences classroom program of study) by marking the appropriate box.
4. POPULATION INFORMATION – Which population best describes the location of your school? Urban (Over 100,000), Suburban (75,000 to 100,000), Small Town (15,000 to 75,000), or Rural (Under 15,000).
5. SCHOOL TYPE – Check the category that best describes your school.
6. CHAPTER MEMBERSHIP – Complete the number of males, females and total members included in this payment. Also give the total number of members affiliated for the year-to-date. **Do not include Advisor in counts.**
7. RACE/NATIONAL ORIGIN (optional) – Please complete with the number of members in this payment for each category. This demographic information will be used to determine if we are meeting the program and service needs of all members.
8. COMPREHENSIVE / OCCUPATIONAL MEMBERSHIP – Complete number of comprehensive and occupational members for this payment.

### ABOUT THE ADVISOR

9. CHAPTER ADVISOR – Complete Advisor information.
10. CONTACT TIME – Please let us know what time of the school day is best to contact you.
11. YEARS AS ADVISOR – Complete the boxes with the total number of years you have been a chapter Advisor. This information will be used to determine the years of service awards.
12. EMAIL ADDRESS – Please provide if available.
13. ADDITIONAL ADVISORS – List additional Advisors' names. Please include name/address/phone/email on a separate sheet.

### DUES CALCULATION - NATIONAL, STATE AND REGIONAL DUES MUST BE PAID FOR EACH MEMBER. THERE ARE NO SUBSTITUTIONS OF NAMES.

14. NATIONAL DUES – Indicate the payment for the school year. **THE MINIMUM NATIONAL DUES PAYMENT FOR CHAPTERS OF ONE TO NINE MEMBERS IS \$81.00.**  
Indicate number of **additional** members multiply by \$9 and give total amount of national dues for additional members. Indicate number of advisors multiply by \$9 and give amount of advisor national contributions.  
STATE DUES – Indicate number of members and advisors. Multiply each by \$2 and give the total amount of state dues.  
REGIONAL DUES – Indicate number of members and advisors. Multiply each by regional dues (see regional breakdown) and give total amount of regional dues. **Fees to attend regional meetings are not considered payment for regional dues. Please contact your regional treasurer advisor if you have questions regarding regional meeting payments.**

Verify the payment is correct for the number of members listed. Affiliations will only be processed when received with payment and proper paperwork. Prepare **ONE** check or money order to include national, state, and regional dues payable to Missouri FCCLA. The state office does not accept purchase orders, future payment vouchers, or credit card payments.

15. Have the chapter Advisor and chapter president sign and date the completed form.

Retain the yellow copy of this form for your records and mail the white copy with your member roster list and **ONE** check or money order to include national, state, and regional dues to the address shown in the front upper right-hand corner of this form.

Early dues payment to the State Office by November 1 helps assure that your members receive a full year of services. Members participating in Power of One or Be Part of It! **MUST** affiliate by February 1 (postmark date) to make certain your chapter's affiliation is forwarded to the National Office before March 1. May 15 last date dues are accepted for the 2008-2009 school year through state office. Affiliations received after June 1 will be processed for the 2009-2010 school year.



Missouri Family, Career and Community Leaders of America  
Missouri Department of Elementary and Secondary Education  
PO Box 480  
Jefferson City, MO 65102-0480  
573/751-7964



Email address: [christine.hollingsworth@dese.mo.gov](mailto:christine.hollingsworth@dese.mo.gov)  
MO FCCLA Website address: [www.mofccla.org](http://www.mofccla.org)